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ABSTRACT

This fact sheet considers the counselor's role in dealing with Acquired Immune Deficiency Syndrome (AIDS). Three counselor roles are examined: (1) direct counseling for those affected by AIDS; (2) coordination of support systems for victims of AIDS; and (3) education. Seven recommendations for health professionals dealing with AIDS patients are listed. Eleven resource documents and two organizations are listed. (NB)

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Counseling Roles and AIDS

Overview

Acquired Immune Deficiency Syndrome (AIDS) is a fatal viral disease which suppresses the body's immune system causing increased vulnerability to many other infections. Since 1981, when it was first identified by the Centers for Disease Control (CDC), AIDS has become a "modern-day black plague" (Batchelor, 1984). As of March 30, 1987, according to the CDC, 33,482 cases have been reported and 19,394 deaths are known. Forty-eight percent of a representative sample of physicians in private practice have reported seeing at least one case (Ghitelman, 1987). The disease is no longer an isolated phenomenon; it has extended beyond "at-risk" populations and into all communities. Although specialized care units and treatment with exotic drugs have permitted some patients to live more than five years, the prognosis remains poor. Few AIDS victims live longer than eighteen months after diagnosis.

The impact of AIDS occurs in all areas of life--medical, legal, financial, political, and social. Highly controversial and unsolved questions have arisen; for example, what treatment regimes maximize patient care and staff safety? Should children with AIDS attend school? Must "at-risk" populations submit to testing as a prerequisite for purchasing life and health insurance? How much government funding of AIDS research and treatment should be approved?

Despite the controversial and diverse nature of these questions, they involve issues that demand the attention of the counseling community. Medical professionals have indicated that the psychological impact of AIDS on patients and significant others follows a course similar to that of other fatal illnesses and crises (Nichols, 1985). Given this similarity, three roles for counselors are apparent--direct counseling for those affected by AIDS, coordination of support systems, and education.

Crisis Counseling

The steps toward adjustment to and acceptance of any terminal illness or catastrophe often require counseling. Although medical concerns may be addressed by physicians and medical social workers, given the prevalence of AIDS, community and school counselors may find an increase in the number of clients directly or indirectly affected by the disease. Techniques used in assisting individuals with crisis situations may be applied in this environment as well.

Support Systems

In addition to the finality of the prognosis, AIDS victims face social isolation. This is another area in which counselors can help, via establishing networks of support or connecting with existing systems within a community. Counselors can be links between formal therapy (e.g., psychiatric counseling) and community resources. A broader base of support can be supplied through contacts with institutions and organizations that provide services for AIDS victims. Self-help groups are available in some locations. If none exist locally, counselors can be instrumental in establishing them.

AIDS victims also face unique psychosocial concerns that the counseling community can address. The fear and uncertainty that accompanies patient care and prognosis and the potential loss of confidentiality create additional stressors for gay men wishing to remain anonymous (Cassens, 1985), as well as for others not wanting to be associated with "at-risk" populations. Such stress and the individual's inability to cope may negatively affect the body's fight against the virus (Holland & Tross, 1985). Counselors can intervene by assisting individuals in developing appropriate coping techniques and by teaching stress-reducing lifestyles and activities.

For students afflicted with AIDS, school counselors can assist in locating appropriate support groups for both the students and their families. In addition, counselors can function as liaisons while students are absent from school and as sources of continuity at the time of re-entry. Legal issues regarding attendance remain unresolved; recommendations are available from the CDC, but no binding court authority has ruled at this time. Similar counselor involvement has been implemented in some schools for students while in treatment for drug and alcohol problems and at their return. Support groups need not be limited to victims; friends may wish to understand more about the disease, its impact on the victim, and the emotional stress involved.

Education

In an educational role, counselors can "forestall panic and increase rationality and hope" by presenting accurate and up-to-date information about the disease (Kinnier, 1986). Reactions to the AIDS crisis have followed a pattern similar to past life-threatening epidemics. Studies of the black plague, the Boston smallpox epidemic, and yellow fever suggest that initial indications of an epidemic are ignored, then panic displaces rationality. In the process victims are ostracized and the healthy become obsessed (Kinnier, 1986). Providing adequate information can help AIDS victims, the worried well, and the general public through reducing fear and re-interpreting sensationalist stories (Cassens, 1985).

Education is thought to be the key to the battle against AIDS at this time. Seventy-nine percent of the physicians

polled by *MD Magazine* supported a special high school course dealing with sexually transmitted diseases (Ghitelman, 1987). Community education may be beneficial, too. Making information available about the disease, its transmission, and the procedure and reliability of the test may encourage people to engage in "safe sex" and may decrease the amount of misinformation. "Safe sex" has been defined in a variety of ways. Two common definitions are monogamous relationships and the use of condoms. Neither of these, however, offers any guarantee (Leishman, 1987). Abstention has been recommended by some, but rarely followed. Although education clearly is needed, it is not the cure. Individuals are motivated by more than information and many are willing to take unexplainable risks (Leishman, 1987).

Recommendations

Counselors can play important roles in meeting the needs of AIDS victims. Counseling, networking, and educating are three crucial areas for community and school counselors, psychiatric and psychological therapists, and medical and community social workers. Holland and Tross (1985) make recommendations for health professionals in dealing with AIDS patients that apply to counseling in general:

1. Be aware of one's own attitude toward victims and toward the disease, including the fear of caring for the fatally ill, the fear of contagion, and personal prejudices.
2. Maintain an active, up-to-date file of information about AIDS.
3. Be comfortable in dealing with sexual issues and understand the relationship between these issues and AIDS.
4. Have referral resources available.
5. Be aware of care and social support sources.
6. Be compassionate and sensitive.
7. Direct victim's anger toward non-self-destructive behaviors.

Resource Documents

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Nichols, S. E. (1985). Psychosocial reactions of persons with the acquired immunodeficiency syndrome. *Annals of Internal Medicine, 103*(5), 765-767.

Treiber, F. A., & Shaw, D. (1986, April). *Acquired immune deficiency syndrome (AIDS): Psychological impact on health personnel.* Paper presented at the annual convention of the American Association for Counseling and Development, Los Angeles. (ED 268 396)

Telephone Numbers

Public Health Service National AIDS Hotline, operated by the American Social Health Association: 1-800-342-AIDS

National Gay Task Force: 1-800-221-7044

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